



JOHN J. CAHILL
CLARK COUNTY PUBLIC ADMINISTRATOR
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PUBLIC ADMINISTRATOR REFERRAL FORM

PLEASE TYPE OR PRINT AND COMPLETE THIS FORM THOROUGHLY.

REFERRING AGENCY OR INDIVIDUAL			
DATE:		ADDRESS:	
PERSON MAKING REFERRAL:			
AGENCY MAKING REFERRAL:			
TELEPHONE NUMBER:		SIGNATURE:	

NAME OF DECEDENT:		DATE OF DEATH:	
A.K.A.		PLACE OF DEATH:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE:	DATE OF BIRTH:	PLACE OF BIRTH:
MOTHER'S MAIDEN NAME:		ETHNIC ORIGIN:	
SOCIAL SECURITY #:		TELEPHONE #:	
MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: If not U.S. Citizen, attach immigration papers, if available.
HOME ADDRESS: (Or Last Known Address)			MILITARY SERVICE NUMBER (If applicable): Provide copy of DD 214 If available.

NOTIFICATION:	WAS ANYONE NOTIFIED OF THE DEATH?	WHO WAS NOTIFIED?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS CORONER INVOLVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEXT OF KIN, RELATIVES, SIGNIFICANT OTHER, FRIENDS OR ANY OTHER CONTACT INFORMATION:			
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

MORTUARY: (WHICH MORTUARY HANDLED THE REMAINS?)	
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IS THERE AN ORIGINAL WILL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Provide copy if available.
IS THERE A TRUST ESTABLISHED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN	

ASSETS OR INVENTORY: (IF KNOWN)	REAL PROPERTY, MOBILE HOME, VEHICLE, BANK ACCOUNTS, SAFE DEPOSIT BOX, ETC.

INCOME SOURCES: (IF KNOWN, SUCH AS SOCIAL SECURITY, PENSION, ETC.)	
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